MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12599

CERTIFICATE OF DEATH

Dr Lusby

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
LENGTH OF STAY (in this place) 5 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 65½ West Franklin St. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) 65½ West Franklin St

3. NAME OF DECEASED: (Type or Print) (First) ETHEL (Middle) TRIPLETT (Last) AUTHIER

4. DATE OF DEATH: (Month) Dec (Day) 29 (Year) 1953 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Mar 27 1897
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Atlanta Georgia 09
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Triplett
14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service) ---------
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Clair Brinton Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.0 (a) Arterio sclerotic Heart Disease with myocardial Failure — Interval Between Onset And Death 3 yrs +

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nil

19a. DATE OF OPERATION: 0 None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NW
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to Dec 29, 1953, that I last saw the deceased alive on 29 Dec, 1953, and that death occurred at 6:30 PM, from the causes and on the date stated above.
SIGNATURE F F Lusby MD (Degree or title) 230 N Potomac ADDRESS DATE SIGNED 30 Dec 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1-1-54
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.
DATE REC'D BY LOCAL REGISTRAR Dec. 30 1953
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman Hagerstown ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 4 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12630

Reg. Dist. No. 302

1. PLACE OF DEATH:

COUNTY WASHINGTON — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN 03

LENGTH OF STAY (in this place): TWO HOURS

HOSPITAL OR INSTITUTION OR STREET ADDRESS: WASH. COUNTY HOSPITAL 20

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND — COUNTY WASH.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN 03

STREET ADDRESS (If rural give location): 618 W. CHURCH STREET

3. NAME OF DECEASED: (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
CORNELIA	E.	BAKER	DEC.	27	19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
FEMALE	WHITE	MARRIED	SEPT. 28, 1881	72 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
HOME	HOME	MILLSTONE, MARYLAND	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
HARRIS YOUNKER	UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
4 NO NO	none	GEORGE D. BAKER 618 W. CHURCH STREET

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 2 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Diabetes Mellitus — 5 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12/27, 19 53, to 12/27, 19 53, that I last saw the deceased alive on 12/27, 19 53, and that death occurred at 8:25 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Ernest T. Poole MD	138 W. Washington St.	12/28/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	DEC. 30, 1953	ROSE HILL	HAGERSTOWN, MARYLAND

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 29, 1953	Robert Bowers	FRED W. KRAISS	139 NORTH POTOMAC ST.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 31 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

12601

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN 03
MARYLAND
LENGTH OF STAY (in this place): 12 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 36 NORTH WALNUT STREET

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND COUNTY: WASH
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN 03
STREET ADDRESS (If rural, give location): 36 NORTH WALNUT STREET

3. NAME OF DECEASED (Type or Print): (First) CARL (Middle) E. (Last) BARTHLOW

4. DATE OF DEATH: (Month) DEC. (Day) 3 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: UNKNOWN

9. AGE last birthday: 41 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HAGERSTOWN CABNIT WORKS

10b. KIND OF BUSINESS OR INDUSTRY: CABNIT WORKS

11. BIRTHPLACE (State or foreign country): FREDERICK

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN (If yes, give war or dates of service) UNKNOWN

16. SOCIAL SECURITY NO.: 214-10-4536

17. INFORMANT AND ADDRESS: CATHERINE E. BARTHLOW 36 N. WALNUT ST.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
322.1 Immediate cause	(a) Chronic Alcoholism	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Robert T. Wells M.D. (Degree or title) ADDRESS: 115 N. Potomac St., Hagerstown, Md. DATE SIGNED: 931

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: DEC. 5, 1953
NAME OF CEMETERY OR CREMATORY: PAYNES CHAPEL
LOCATION (City, town, or county) (State): WINCHESTER, VAIRGINIA

DATE REC'D BY LOCAL REG.: Dec. 4, 1953
REGISTRAR'S SIGNATURE: Robert H. Bowers

24. FUNERAL DIRECTOR: KRAISS FUNERAL HOME ADDRESS: 139 NORTH POTOMAC ST.

RECEIVED
DEC 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12602

CERTIFICATE OF DEATH

Reg. Dist. No. 352

1. PLACE OF DEATH:
COUNTY WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN 03
LENGTH OF STAY (in this place) 1 DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL 2D

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASH.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN 03
STREET ADDRESS (If rural give location) 431 WEST CHURCH STREET

3. NAME OF DECEASED: (Type or Print) (First) ARCHIE (Middle) SAMUEL (Last) BEAN
4. DATE OF DEATH: (Month) DEC. (Day) 15 (Year) 19 53
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW
8. DATE OF BIRTH: JUNE 27, 1889
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): CONCRETE CONTR.
10b. KIND OF BUSINESS OR INDUSTRY: CONCRETE CONTR.
11. BIRTHPLACE (State or foreign country): VIRGINIA 43
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: WILLIAM BEAN
14. MOTHER'S MAIDEN NAME: UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NONE
16. SOCIAL SECURITY No.: 214-09-2187
17. INFORMANT & ADDRESS: SUSAN E. BEAN 431 WEST CHURCH STREET

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
202.0
Immediate cause (a) Giant Follicle Lymphoma — Interval Between Onset And Death: 6 mo
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. NIL

19a. DATE OF OPERATION: Biopsy 25 Nov 53
19b. MAJOR FINDINGS OF OPERATION: Giant Follicle Lymphoma
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) N
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 Nov, 1953, to 15 Dec, 1953, that I last saw the deceased alive on 14 Dec, 1953, and that death occurred at 5.20 A.M., from the causes and on the date stated above.
SIGNATURE F F Dudley (Degree or title) MD ADDRESS 230 W Potomac DATE SIGNED 16 Dec 53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF DEC. 18 53
NAME OF CEMETERY OR CREMATORY ROSE HILL
LOCATION (City, town, or county) (State) HAGERSTOWN, MARYLAND
DATE REC'D BY LOCAL REGISTRAR Dec 19, 1953
REGISTRAR'S SIGNATURE Edgar H. Bowers
24. FUNERAL DIRECTOR FRED W. KRAISS ADDRESS 139 NORTH POTOMAC ST.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12603

CERTIFICATE OF DEATH

Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Smithsburg X — LENGTH OF STAY (If this place) 61 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS West Water Street X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Smithsburg X
STREET ADDRESS (If rural give location) West Water Street

3. NAME OF DECEASED: (Type or Print) (First) Lucy (Middle) (Last) Bishop

4. DATE OF DEATH: (Month) Dec. (Day) 31 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: Mar. 28, 1864

9. AGE last birthday: 89 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Town Clerk

10b. KIND OF BUSINESS OR INDUSTRY: City Government

11. BIRTHPLACE (State or foreign country): 22 Missouri

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Benjamin Caleb Bishop

14. MOTHER'S MAIDEN NAME: Maria Drane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Harold Tabor, Smithsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause 334X (a) Bronchial Pneumonia — 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized Arterio-Sclerosis — 6 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 8, 1947 to Dec 31, 1953 that I last saw the deceased alive on Dec 31, 1953 and that death occurred at 8.45 A.M. from the causes and on the date stated above.

SIGNATURE G G Kohler (Degree or title) M.D. ADDRESS Smithsburg DATE SIGNED 12/31/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan 2 1954 — NAME OF CEMETERY OR CREMATORY Smithsburg Cemetery — LOCATION (City, town, or county) Smithsburg — (State) Md.

DATE REC'D BY LOCAL REGISTRAR Jan 2 1954 — REGISTRAR'S SIGNATURE Geo. W. Ferguson

24. FUNERAL DIRECTOR Scott F. Minnich & Son — ADDRESS Smithsburg, Md.

VS. A15

RECEIVED
JAN 4 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Katherine M. Blickenstaff

4. DATE OF DEATH: (Month) (Day) (Year) 12 13 1953

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 1-25-1918
9. AGE last birthday: 35 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William H. Shuff
14. MOTHER'S MAIDEN NAME: Linnie Barkman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Samuel H. Blickenstaff Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

241X

Immediate cause (a) Status Asthmaticus DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 5 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 7, 1953, to Dec 13, 1953 that I last saw the deceased alive on Dec 13 1953 and that death occurred at 3:30 AM, from the causes and on the date stated above.

SIGNATURE G G Kohler (Degree or title) M.D. ADDRESS Smithsburg DATE SIGNED 12/14/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12-16-1953
NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
LOCATION (City, town, or county) Wolfsville (State) Md.
DATE REC'D BY LOCAL REGISTRAR 12-16-53
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Gladhill Co., ADDRESS Middletown, Md.

12/18/53 Rec'd from Mrs. Gladhill Loc. Reg. Middletown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr Ditto

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown 03
LENGTH OF STAY (in this place): 7½ Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Shomo Yards

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 610 West Washington St

3. NAME OF DECEASED: (Type or Print) (First) YOST (Middle) CALEB (Last) BOWERS

4. DATE OF DEATH: (Month) (Day) (Year) Dec 24 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Oct 9 1894	59 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Frt Conductor	Penna R.R.	Hedgesville W. Va.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Morgan Bowers	Mary Jane Schriver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
Yes W.W.?# 1	716-09-9396	Mrs Nellie V. Bowers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause: 4209 (a) Coronary Occlusion — 1 hr

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerotic Heart Disease — 6 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7-1-, 1952, to 12-24, 1953, that I last saw the deceased alive on 12-10, 1953, and that death occurred at 9.20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): A. W. [illegible] — ADDRESS: [illegible] Hagerstown Md — DATE SIGNED: 12/26/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-27-53	Rose Dale Cemetery	Martinsburg W. Va.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 26 1953	Chas H Bowers	Andrew K. Coffman	Hagerstown Md.

VS. A15

RECEIVED
DEC [illegible] 13
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 551 WEST CHURCH STREET

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASH.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN,
STREET ADDRESS (If rural give location) 551 WEST CHURCH STREET

3. NAME OF DECEASED: (Type or Print) (First) ALTA (Middle) MAY (Last) BOWMAN
4. DATE OF DEATH: (Month) DEC. (Day) 27 (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW
8. DATE OF BIRTH: MAY 4, 1895
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSE WORK
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: SAMUEL GUESSFORD
14. MOTHER'S MAIDEN NAME: MINERVA SHAFFER

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO
16. SOCIAL SECURITY No.: 215-18-1705
17. INFORMANT & ADDRESS: MRS. MARIE BUSSARD 551 WEST CHURCH STREET

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Acute Myocardial Infarction ≡ Acute — Interval Between Onset And Death: 10 minutes

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Heart Failure

DUE TO

(c) Arteriosclerotic Cardiovascular Disease — Years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May, 1952, to 27 Dec, 1953, that I last saw the deceased alive on 5 Oct, 1953, and that death occurred at 8:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Davidson MD
ADDRESS Hagerstown Md
DATE SIGNED 12/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF DEC. 30, 1953
NAME OF CEMETERY OR CREMATORY LEITERSBURG LUTHERN
LOCATION (City, town, or county) (State) LEITERSBURG

DATE REC'D BY LOCAL REGISTRAR Dec. 29, 1953
REGISTRAR'S SIGNATURE Ethel H. Bowers

24. FUNERAL DIRECTOR FRED W. KRAISS
ADDRESS 139 NORTH POTOMAC ST.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
DEC
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Dr Wills

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place) 24 Hrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clear Springs R.F.D.; STREET ADDRESS (If rural, give location) Pinesburg Road

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) PARKER (Last) BRANDT

4. DATE OF DEATH: (Month) (Day) (Year) Dec 1 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Dec 5 1877

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk Retired

10b. KIND OF BUSINESS OR INDUSTRY: W.L.R.R.

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edmund Spahr Brandt

14. MOTHER'S MAIDEN NAME: Anna Lee Garland

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Henrietta Brezler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

9767 Immediate cause (a) Multiple gun shot wound of abdominal wall(32 calibre revolver) — Interval between onset and death: 36 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) prolonged shock - 36 hrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ~~None~~ Senile dementia

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home

(CITY OR TOWN) Clearspring, R # (COUNTY) Washington (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Nov, 30 '53 m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Shot self in abdomen (32 revolver)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: H Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH CO MD ADDRESS: 115 N. Potomac St., Hagerstown, Md. DATE SIGNED: 12-2-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12-4-53

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG.: Dec 2 1953

REGISTRAR'S SIGNATURE: Chas H Howard

24. FUNERAL DIRECTOR: Andrew K. Coffman Hagerstown Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

DEC 4 1 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Smithsburg
LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wash
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Smithsburg, Maryland
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Jesse (Middle) Jacob (Last) Brown

4. DATE OF DEATH: (Month) Dec. (Day) 23 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Oct. 8, 1884

9. AGE last birthday: 69 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Lantz, Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George W. Brown

14. MOTHER'S MAIDEN NAME: Mary Anna Swope

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 220-10-3679

17. INFORMANT & ADDRESS: Marjorie C. Brown, Smithsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

151X

Immediate cause (a) Carcinomatosis — 3 wks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Carcinoma of Stomach — 1½ yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 20 1953 to Dec 23 1953 that I last saw the deceased alive on Dec 23, 1953 and that death occurred at 4.30 A.M. from the causes and on the date stated above.

SIGNATURE G. E. Kohler — (Degree or title) M.D. — ADDRESS Smithsburg — DATE SIGNED 12/23/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec. 26, 1953 — NAME OF CEMETERY OR CREMATORY Pleasant Valley — LOCATION (City, town, or county) Smithsburg, — (State) Md.

DATE REC'D BY LOCAL REGISTRAR Dec 24 53 — REGISTRAR'S SIGNATURE Lee H Thomson

24. FUNERAL DIRECTOR Scott F. Minnich & Son — ADDRESS Smithsburg, Maryland

VS. AG-1

RECEIVED
DEC 28 1953
BUREAU V. S.

190

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 2 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GATEWAY NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASH.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
STREET ADDRESS (If rural give location) 402 EAST FRANKLIN STREET

3. NAME OF DECEASED: (Type or Print) (First) CHARLES E (Middle) EDWARD (Last) BURK
4. DATE OF DEATH: (Month) DEC. (Day) 15 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW
8. DATE OF BIRTH: APRIL 13, 1874
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (State or foreign country): WASHINGTON COUNTY
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JAMES W. BURK
14. MOTHER'S MAIDEN NAME: SUSAN WEAVER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO
16. SOCIAL SECURITY No.: 218-24-1276
17. INFORMANT & ADDRESS: JAMES R. BURK 402 EAST FRANKLIN ST.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X

Immediate cause (a) Carcinoma Prostate — Interval Between Onset And Death: 5 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Terminal pneumonia — 3 days

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 21, 1953, to Dec. 15, 1953, that I last saw the deceased alive on Dec 14, 1953, and that death occurred at 3:00 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Edward W. Otto III, MD
ADDRESS 217 W. Washington St.
DATE SIGNED 12/15/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF DEC. 17, 53
NAME OF CEMETERY OR CREMATORY FUNKSTOWN
LOCATION (City, town, or county) (State) FUNKSTOWN, MARYLAND

DATE REC'D BY LOCAL REGISTRAR Dec 16-53
REGISTRAR'S SIGNATURE J. W. Murray Local

24. FUNERAL DIRECTOR FRED W. KRAISS
ADDRESS 139 NORTH POTOMAC ST.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

CERTIFICATE OF DEATH

Dr Lusby

Reg. Dist. No. 302

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH:
   COUNTY: Washington — STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
   LENGTH OF STAY (in this place): 16 Yrs
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1932 Gay St

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland — COUNTY: Washington
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
   STREET ADDRESS (If rural give location): 1932 Gay St.

3. NAME OF DECEASED: (Type or Print) (First) ODA (Middle) KELLER (Last) BUSSARD

4. DATE OF DEATH: (Month) Dec (Day) 4 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Apr 6 1881

9. AGE last birthday: 72 yrs. — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer- Owner

10b. KIND OF BUSINESS OR INDUSTRY: ------

11. BIRTHPLACE (State or foreign country): near Williamsport Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Bussard

14. MOTHER'S MAIDEN NAME: Katie Beamer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) ------

16. SOCIAL SECURITY NO.: 214-09-2292

17. INFORMANT & ADDRESS: Mrs Alice S. Bussard

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause — (a) Auricular Fibrillation with Myocardial failure — Interval Between Onset And Death: 6 mos

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Arteriosclerotic Cardio vascular disease — 5 yrs +

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1953, to 4 Dec, 1953, that I last saw the deceased alive on 3 Dec, 1953, and that death occurred at 10 40 AM, from the causes and on the date stated above.

SIGNATURE: J E Lusby (Degree or title) MD — ADDRESS: 230 N Potomac — DATE SIGNED: 5 Dec 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-6-53 — NAME OF CEMETERY OR CREMATORY: Dunkard Cemetery — LOCATION (City, town, or county) (State): Broadfording Wash. Co. Md

DATE REC'D BY LOCAL REGISTRAR: Dec 5, 1953 — REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman Hagerstown Md.

VS. A15

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DEC 19 -3
BUREAU V. S.

Film#G160 Item# 12 12/18/63 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr Hirshman

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown RFD 1
LENGTH OF STAY (in this place) 6 Mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Reid

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ashington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 550 Mitchell Ave

3. NAME OF DECEASED: (Type or Print) (First) DOMINICK (Middle) (Last) CATALANO

4. DATE OF DEATH: (Month) Dec (Day) 7 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: Jany 28 1884

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Track Man W.M.R.R.

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Consenza Italy

12. CITIZEN OF WHAT COUNTRY? Italy No

13. FATHER'S NAME: Pasquale Catalano

14. MOTHER'S MAIDEN NAME: Gelsomina Strafalce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ——

16. SOCIAL SECURITY No.: 705-10-6238

17. INFORMANT & ADDRESS: Mrs Angeline Frank 498½ Mitchell Ave Hagerstown Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
4220 Immediate cause	(a) Coronary Occlusion	5 minutes
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Hypertension and Arteriosclerotic Heart Disease	2 yrs
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 17 ,19 53, to Dec 7 ,19 53, that I last saw the deceased alive on Dec 4th ,19 53, and that death occurred at about 3 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Chas H Hirshman MD ADDRESS Hagerstown Md DATE SIGNED 12/8/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 12-12-53 NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery LOCATION (City, town, or county) Hagerstown Md. (State)

DATE REC'D BY LOCAL REGISTRAR Dec 9 1953 REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15.

RECEIVED
DEC 11
BUREAU V. S.

Film#G160 Item# 9 12/23/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): HAGERSTOWN #3
LENGTH OF STAY (in this place): 3 WEEKS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: WASHINGTON Co. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: PENNSYLVANIA COUNTY: FRANKLIN
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): GREENCASTLE V-553
STREET ADDRESS (If rural give location): E. TYRONE ST.

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) H. (Last) COLLEGE

4. DATE OF DEATH: (Month) 12 (Day) 9 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: AUG. 6, 1896

9. AGE last birthday: 57 15/16 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): MACHINIST

10b. KIND OF BUSINESS OR INDUSTRY: WESTERN MARYLAND RAILWAY CO.

11. BIRTHPLACE (State or foreign country): GREENCASTLE

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CALVIN COLLEGE

14. MOTHER'S MAIDEN NAME: SUSAN WILES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): NO.

16. SOCIAL SECURITY NO.: 705-10-5704

17. INFORMANT & ADDRESS: MRS. MARY COLLEGE - WIFE

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
   Immediate cause (a) 331X Cerebral Hemorrhage — Interval Between Onset And Death: 22 days
   DUE TO
   Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
   (b) DUE TO
   (c) (260X)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/18, 1953, to 12/9, 1953, that I last saw the deceased alive on 12/8, 1953, and that death occurred at 3:45 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) John H. Hamilton M.D. ADDRESS 137 W. Washington St Hagerstown Md DATE SIGNED 12/10/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF DEC. 11, 1953

NAME OF CEMETERY OR CREMATORY CEDAR HILL CEM.

LOCATION (City, town, or county) GREENCASTLE (State) PA.

DATE REC'D BY LOCAL REGISTRAR Dec 10, 1953

REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR W. T. Monument ADDRESS

RECEIVED
DEC 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leitersburg
LENGTH OF STAY (In this place): X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Brooklane Institution

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 36 Roessner Avenue

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) Edwin (Last) Conrad
4. DATE OF DEATH: (Month) Dec (Day) 19 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 28, 1904
9. AGE (last birthday): 49 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrical Eng.
10b. KIND OF BUSINESS OR INDUSTRY: Tri-State Co.
11. BIRTHPLACE (State or foreign country): Indaian Springs, Wash.Co.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: G. Luther Conrad
14. MOTHER'S MAIDEN NAME: Mary Ann Knable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk (If yes, give war, or dates of service) Unk
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: 3042 Q. Street- Richard N. Conrad - Georgetown, Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suffocation by hanging

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Barn on Farm
(CITY OR TOWN): Leitersburg (COUNTY): Wash (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 19 '53 6:30PM
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Patient hung himself

22. *I certify that I took charge of the remains described above, held an Autopsy ( ), Inspection (X), Inquiry ( ) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ( ), accident ( ), suicide (X), homicide ( ), undetermined ( ).*

SIGNATURE: J. Robert Mills M.D.
(Degree or title): DEPUTY MEDICAL EXAM. WASH. CO. MD.
ADDRESS: 115 N. Potomac St., Hagerstown, Md.
DATE SIGNED: 12-21-53

MODE OF DISPOSAL (Specify): Burial
DATE THEREOF: Dec. 22 '53
NAME OF CEMETERY OR CREMATORY: Rest Haven
LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: Dec. 22/1953
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: Fred W. Kraise
ADDRESS: 139 N. Potomac St.

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 304

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural 1 Hancock MD.
LENGTH OF STAY (In this place) 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural 1 Hancock Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Brenda (Middle) R (Last) Coonrod

4. DATE OF DEATH (Month) Dec (Day) 25 (Year) 1953

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 12.16.53

9. AGE last birthday yrs. If under 1 year Months 10 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant

10b. KIND OF BUSINESS OR INDUSTRY Infant

11. BIRTHPLACE (State or foreign country) War Memorial Hospital W.VA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George C Coonrod

14. MOTHER'S MAIDEN NAME Alta Pittman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS George C Coonrod R.F.D.1 Hancock MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.0

Immediate cause (a) Acute Atelectasis — INTERVAL BETWEEN ONSET AND DEATH 1 hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY None m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ✓, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident , suicide , homicide , undetermined*

SIGNATURE S. Robert Mills MD (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS Hagerstown Md DATE SIGNED Dec. 25 '53

BURIAL, CREMATION MOVAL (Specify) Burial

DATE THEREOF 12.27.53

NAME OF CEMETERY OR CREMATORY Catalpa Cemetery

LOCATION (City, town, or county) (State) Near Hancock Washington Md.

DATE REC'D BY LOCAL REG 12.26.53

REGISTRAR'S SIGNATURE J A Miller

24. FUNERAL DIRECTOR Howard J Grove Hancock md ADDRESS

9VV: 7 1 9 9 V

MARGIN RESERVED FOR BINDING

ASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age specially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

BURLAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

DR. LE VAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) 7 WEEKS
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASH. CO. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND. COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BOONSBORO - X
STREET ADDRESS (If rural give location) S. MAIN ST.

3. NAME OF DECEASED: (Type or Print) (First) MAY (Middle) V (Last) DAGENHART

4. DATE OF DEATH: (Month) (Day) (Year) DECEMBER - 14 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH: JULY - 1 - 1886
9. AGE last birthday: 67-5-13 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): NEAR BOONSBORO WASH. CO. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DAVID LAPOLE
14. MOTHER'S MAIDEN NAME: LAURA DRILL

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: MISS ELOISE DAGENHART BOONSBORO MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
442x Immediate cause	(a) Cardio-renal vascular hypertensive disease	15 yrs
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cancer of right lung -	2 yrs
	DUE TO (c) Cancer of colon with obstruction	6 wks.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1953, to Dec. 14, 1953, that I last saw the deceased alive on Dec. 13, 1953, and that death occurred at 8:20 AM, from the causes and on the date stated above.

SIGNATURE G W L Way (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 12/15/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF DEC. 17. 1953
NAME OF CEMETERY OR CREMATORY BOONSBORO CEMETERY
LOCATION (City, town, or county) (State) BOONSBORO WASH. CO. MD.
DATE REC'D BY LOCAL REGISTRAR Dec. 16. 1953
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Wm. F. BAST AND SONS ADDRESS BOONSBORO MD

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dr. Ditto

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown R#4
LENGTH OF STAY (in this place) 3Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Cearfoss Md,

2. USUAL RESIDENCE (HOME) OF DECEASED:
Washington.
STATE Laryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown R#4
STREET ADDRESS (If rural give location) Near Cearfoss

3. NAME OF DECEASED: (Type or Print) (First) Albert (Middle) Martin (Last) Draper

4. DATE OF DEATH: (Month) Dec, (Day) 20 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Sept.3 1877

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Farmer Owner Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Clearspring Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Draper

14. MOTHER'S MAIDEN NAME: Mary Martin

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs Albert Draper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio Vascular Renal — Interval Between Onset And Death: 2 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1-, 1953, to 12/20, 1953, that I last saw the deceased alive on 12/17, 1953, and that death occurred at 5 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) N. W Ditto ADDRESS Hagerstown Md DATE SIGNED 12/21/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec.23/1953 — NAME OF CEMETERY OR CREMATORY St Pauls Cemetery — LOCATION (City, town, or county) (State) Near Clearspring Md/

DATE REC'D BY LOCAL REGISTRAR Dec-21,1953 — REGISTRAR'S SIGNATURE Robert Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rueal Clear Spring
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Blair's Valley Dist.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Clear Spring
STREET ADDRESS (If rural give location) Blair's Valley Dist.

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Eichelberger (Last)

4. DATE OF DEATH: (Month) Dec. (Day) 10, (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feby. 24, 1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farming - Worker

11. BIRTHPLACE (State or foreign country): Clear Spring, Md.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John Eichelberger

14. MOTHER'S MAIDEN NAME: Harriet Blair

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Theadore Bragonier- Clear Spring, R D Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Coronary artery occlusion, with myocardial infarction — Interval Between Onset And Death: 24 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Heart Disease. — unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 10, 19 53, to Dec. 10, 19 53, that I last saw the deceased alive on Dec. 10, 19 53, and that death occurred at 9:00 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Archie Robert Cohen M. D.

ADDRESS Clear Spring, Maryland

DATE SIGNED 12-11-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Dec. 13, 1953

NAME OF CEMETERY OR CREMATORY Blair's Valley Cem.

LOCATION (City, town, or county) Blairs Valley (State)

DATE RECD BY LOCAL REGISTRAR Dec 12-53

REGISTRAR'S SIGNATURE Joseph W. Murray Local

24. FUNERAL DIRECTOR Adrian H Rowland

ADDRESS Clear Spring Md.

VS. A15

RECEIVED
DEC 21 1 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 606 Orchard Road FHH

3. NAME OF DECEASED: (Type or Print) (First) Amos (Middle) Ferres (Last) Eves

4. DATE OF DEATH: (Month) Dec. (Day) 2 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: JULY 19, 1887

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): RETIRED VICE PRESIDENT

10b. KIND OF BUSINESS OR INDUSTRY: PORTER CHEMICAL CO

11. BIRTHPLACE (State or foreign country): Kemblesville, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Carson Eves

14. MOTHER'S MAIDEN NAME: Flora Hudders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: 214 09 6411

17. INFORMANT & ADDRESS: Mrs. Amos F. Eves, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Carcinoma Prostate — Interval Between Onset And Death: 4½ yrs.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: Jan 31, 1950

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Prostate

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NO

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ..., 1953, to Dec 2 ..., 1953, that I last saw the deceased alive on Dec 3 ..., 1953, and that death occurred at 1115 AM ..., from the causes and on the date stated above.

SIGNATURE: F F Lusby MD — (Degree or title) — ADDRESS: 230 N Potomac Hagerstown Md — DATE SIGNED: 3 Dec 53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: DEC 4, 1953
NAME OF CEMETERY OR CREMATORY: ROSE HILL CEMETERY
LOCATION (City, town, or county) (State): HAGERSTOWN, MD

DATE REC'D BY LOCAL REGISTRAR: Dec 4 1953
REGISTRAR'S SIGNATURE: Edward F. Howard

24. FUNERAL DIRECTOR — ADDRESS: C. M. Suter & Sons, Hagerstown, Maryland

RECEIVED
DEC 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr. Ditto

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 3 Mom.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home Wood Church Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Penna — COUNTY: Adams
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Littlestown.
STREET ADDRESS (If rural give location): 131 North Queen Street

3. NAME OF DECEASED: (First) G. (Middle) Roberta (Last) Fleagle M.D.

4. DATE OF DEATH: (Month) December (Day) 30 (Year) 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct. 24 1875

9. AGE last birthday: 78 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Medical Doctor

10b. KIND OF BUSINESS OR INDUSTRY: M.D.

11. BIRTHPLACE (State or foreign country): Mayberry, Carrol Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Fleagle

14. MOTHER'S MAIDEN NAME: Emily Jane Foglesovy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Homewood Church Home Record

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio - Vascular Lesion — Interval Between Onset And Death: 2 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hemiplegia

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-10, 1953, to 12-30-, 1953, that I last saw the deceased alive on 12-29, 1953, and that death occurred at 1 PM, from the causes and on the date stated above.

SIGNATURE: A. W. Ditto (Degree or title) — ADDRESS: Hagerstown Md. — DATE SIGNED: 1/5/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan. 1, 1954 — NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery — LOCATION (City, town, or county) (State): Hanover, Penna.

DATE REC'D BY LOCAL REGISTRAR: Dec. 31, 1953 — REGISTRAR'S SIGNATURE: Ernest Beavers

24. FUNERAL DIRECTOR: Andrew K. Coffman — ADDRESS: Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 620

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Penn. Ave. X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 856 Mulberry Ave.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Harmon (Last) Fridinger
4. DATE OF DEATH: (Month) Dec. (Day) 18, (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	Single	Sept. 10, 1888	65 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): pipe fitter
10b. KIND OF BUSINESS OR INDUSTRY: Gas Co.
11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John H. Fridinger
14. MOTHER'S MAIDEN NAME: Mary E. Lushbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) World War 1
16. SOCIAL SECURITY NO.: 214-09-2178
17. INFORMANT & ADDRESS: Miss. Hazel Fridinger Hagerstown

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 Immediate cause	(a) Angina Pectoris	7 yrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) arteriosclertic heart disease	10 yrs
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditlon causing death.	None	

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1946, to 18 Dec, 1953, that I last saw the deceased alive on 28 Nov, 1953, and that death occurred at 11.5 PM, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
F. F. Lusby MD		230 N Potomac	19 Dec 53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 21, 1953	Rose Hill Cemetery	Hagerstown, Maryland.

DATE RECD BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 21, 1953	Chas. H. Bowers	Scott F. Minnich & Son.	Hag. Md.

VS. A15.

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 52

CERTIFICATE OF DEATH

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Rural Hagerstown X
LENGTH OF STAY (in this place) 1 yr. 4 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 116 S. Cannon Avenue

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) Laura (Last) Gearhart

4. DATE OF DEATH: (Month) Dec. (Day) 5, (Year) 1953. 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Aug. 17, 1868

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Home Duties

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Adams County, Pa.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Emanuel Izer

14. MOTHER'S MAIDEN NAME: unknown - Brown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1 (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Mary Johnston- Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause 332X (a) Cerebral thrombosis — 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — 7 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 7, 1948, to Dec. 5, 1953, that I last saw the deceased alive on Dec. 5 1953, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE K. A. Bell (Degree or title) M. D. ADDRESS Hagerstown, Maryland DATE SIGNED Dec. 6, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Dec. 7, 1953

NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR Dec 7 53

REGISTRAR'S SIGNATURE Leroy M. Fackler / Deputy Local

24. FUNERAL DIRECTOR Fred W. Kraiss- ADDRESS Hagerstown, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON; CITY OR TOWN HAGERSTOWN; STATE MARYLAND; LENGTH OF STAY (in Md.) 2 YRS.; HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY WASHINGTON; CITY OR TOWN RURAL HAGERSTOWN; STREET ADDRESS RT#2 BROADFORDING (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) JULIA (Last) GORDON

4. DATE OF DEATH: (Month) DEC. (Day) (Year) 19 53

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, (MARRIED) WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 8/3/1893

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DAVID CARBAUGH

14. MOTHER'S MAIDEN NAME: MARIA KING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: MR. DAVID B. GORDON HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 Immediate cause	(a) MYOCARDIAL INFARCTION	6 DAYS
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) CORONARY THROMBOSIS	6 DAYS.
(260X)	DUE TO (c) HYPERTENSIVE CARDIOVASCULAR RENAL DISEASE	12 YEARS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DIABETES MELLITUS	12 YEARS

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DEC 19, 1953, to DEC. 25, 1953, that I last saw the deceased alive on DEC 24, 1953, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. J. Logman, M.D. 5 Public Square Hagerstown, Md. Dec 26, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 12/28/53

NAME OF CEMETERY OR CREMATORY: Broadfording Cem.

LOCATION (City, town, or county) (State): Washington County Md.

DATE REC'D BY LOCAL REGISTRAR: DEC 29, 1953

REGISTRAR'S SIGNATURE: Elbert Bowers

24. FUNERAL DIRECTOR: W. J. Norment

ADDRESS: Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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DEC 20 1973
BUREAU V. S.

DR. ROBT. CAMPBELL
145 W. WASH. ST. HAGERSTOWN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 803

1. PLACE OF DEATH:
COUNTY WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN - RURAL
LENGTH OF STAY (in this place) 7 WEEKS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GATE WAY NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural give location) 565 N. PROSPECT ST.

3. NAME OF DECEASED: (First) ELMER (Middle) RICHARD (Last) GREENAWALT

4. DATE OF DEATH: (Month) DECEMBER (Day) 28 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
MALE	WHITE	MARRIED	OCT. 3 - 1896	57-2-25 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
UPHOLSTERER.	FURNITURE FACTORY	BOONSBORO WASH. Co. MD.	U.S.A.

13. FATHER'S NAME: JAMES GREENAWALT

14. MOTHER'S MAIDEN NAME: ANGIE MUMFORD.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS
No.	214-09-2550	MRS INA GREENAWALT - 656 N. PROSPECT ST. HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 443X		
Immediate cause	(a) Hypertensive Cardiovascular	10 yr
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Disease; Cerebral Thrombosis	3 mos
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 5, 1951, to Dec 28, 1953, that I last saw the deceased alive on Dec 20, 1953 and that death occurred at 4:30 P., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Robert W. Campbell MD	Hagerstown Md	12/30/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	DEC. 31-1953	BOONSBORO CEMETERY	BOONSBORO WASH. Co. MD.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 30. 1953	Joseph W. Murray Local	WM. F. BAST AND SONS	BOONSBORO MD.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Dr wells

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 66 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 412 West Washington St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 412 West Washington St

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) EARL (Last) HARNE

4. DATE OF DEATH (Month) Dec 1 (Day) 1953 (Year) 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH Oct 1 1887
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Candy Merchant Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Robert Lee Harne
14. MOTHER'S MAIDEN NAME Lilly Lecklider

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ------
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs Doris Hedquist

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4221

Immediate cause (a) Arteriosclerotic myocardial heart disease with myocardial failure grade IV

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

INTERVAL BETWEEN ONSET AND DEATH 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Pt. found in bed - dead

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO. MD.
ADDRESS 115 N. Potomac St., Hagerstown, Md.
DATE SIGNED 12-4-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-5-53
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REG. Dec. 5. 1953
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Andrew K. Coffman Hagerstown Md
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12625

CERTIFICATE OF DEATH

Reg. Dist. No. 302

DR SHEALY.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN Rt 6 — LENGTH OF STAY (in this place) 4 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASH. CO. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SHARPSBURG
STREET ADDRESS (If rural give location) SHARPSBURG MD.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) HARRIS

4. DATE OF DEATH: (Month) (Day) (Year) DECEMBER - 17 - 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: DECEMBER-17-1953

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours 4 — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): HAGERSTOWN WASH. Co. MD. U.S.A.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: WILLIAM LEE HARRIS

14. MOTHER'S MAIDEN NAME: CATHERINE AMELIA DELAUNEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: WILLIAM LEE HARRIS SHARPSBORG MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

762.5
Immediate cause (a) Atalectasis of the lungs — 3½ hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Placenta previa in mother and
DUE TO (c) prematurity - 7 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from at birth, 19..., to ..., 19..., that I last saw the deceased alive on 12/17/53, 19..., and that death occurred at 8:15, from the causes and on the date stated above.

SIGNATURE (Degree or title) Walter H. Shealy M.D. — ADDRESS Sharpsburg, Md. — DATE SIGNED 12/18/53

23. BURIAL, CREMATION, REMOVAL, (Specify) BURIAL — DATE THEREOF Dec. 18. 1953 — NAME OF CEMETERY OR CREMATORY Mountain View Cemetery — LOCATION (City, town, or county) (State) Sharpsburg Wash. Co. MD.

DATE REC'D BY LOCAL REGISTRAR Dec 18 1953 — REGISTRAR'S SIGNATURE Grant H. Bowers

24. FUNERAL DIRECTOR — ADDRESS
Wm. F. Bast and Sons Boonsboro Md.

20V3192341

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DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 307

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN BROWNSVILLE - RURAL
LENGTH OF STAY (in this place) 80 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS BROWNSVILLE MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X BROWNSVILLE - RURAL
STREET ADDRESS (If rural give location) BROWNSVILLE MD.

3. NAME OF DECEASED: (Type or Print) (First) LYDIA (Middle) MAY (Last) HARRISON

4. DATE OF DEATH: (Month) DEC. (Day) 22. (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: NOV. 5. 1865

9. AGE last birthday: 88-1-17 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): FREDERICK Co. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: BENJAMIN FRANKLIN - EDMUNDS

14. MOTHER'S MAIDEN NAME: ELIZABETH KOONTZ

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: FRANKLIN M. HARRISON BROWNSVILLE MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
443 X Immediate cause	(a) Cerebral hemorrhage	8 hours
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Hypertensive cardio-vascular disease	10 Yrs
DUE TO		
	(c) Arteriosclerosis	10 Yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. **INJURY OCCURED** While at Work ☐ Not While At Work ☐ **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 6/1/48, 19 .., to 12/22, 1953, that I last saw the deceased alive on 12/21/53, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Walter H. Shuab M.D. ADDRESS Sharpsburg, Md. DATE SIGNED 12/23/53

17. BURIAL, CREMATION, REMOVAL (Specify) BURIAL **DATE THEREOF** DEC. 24-1953 **NAME OF CEMETERY OR CREMATORY** ST. LUKES CEMETERY **LOCATION** (City, town, or county) (State) BROWNSVILLE WASH. Co. MD.

DATE REC'D BY LOCAL REGISTRAR 12/23/53 **REGISTRAR'S SIGNATURE** Cornelius H. Castle **24. FUNERAL DIRECTOR** WM. E. BAST AND SONS **ADDRESS** BOONSBORO MD.

VS. A15

REGISTERED
DEC 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Weverton Rural
LENGTH OF STAY (in this place) 71 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Weverton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Morris (Middle) Bashore (Last) Hatten
4. DATE OF DEATH: (Month) 12 (Day) 10 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 6-2-1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Construction Work
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Hatten
14. MOTHER'S MAIDEN NAME: Eliza Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: 220-09-9374
17. INFORMANT & ADDRESS: Mrs Mary E. Hatten Knoxville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 181X
Immediate cause (a) Carcinoma — Bladder
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)
INTERVAL BETWEEN ONSET AND DEATH: 18 mo.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 1953 to 12-10-1953, that I last saw the deceased alive on 12-9-1953 and that death occurred at 8 A.m., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) ADDRESS Brunswick Md DATE SIGNED 12-10-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 12-13-53
NAME OF CEMETERY OR CREMATORY Garrotts Mills
LOCATION (City, town, or county) Garrotts Mills (State) Md.
DATE REC'D BY LOCAL REG. 12-12-1953
REGISTRAR'S SIGNATURE Mrs. Katherine Dugenhart
24. FUNERAL DIRECTOR C. H. Fiebe Bro Brunswick ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
LENGTH OF STAY (in this place) 2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Nora (Middle) B. (Last) Holter

4. DATE OF DEATH: (Month) 12 (Day) 8 (Year) 1953

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: 4-14-1871
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Horatio B. Kefauner
14. MOTHER'S MAIDEN NAME: Mary Glessner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Cecil K. Holter, Middletown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arterio-sclerosis

DUE TO (c)

Interval Between Onset And Death: 5 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 8, 1953, to Dec. 8, 1953 that I last saw the deceased alive on Dec. 8, 1953, and that death occurred at 7.30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) J. W. Lellan M.D. ADDRESS Boonsboro, DATE SIGNED Dec. 9, 1953.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12-10-1953
NAME OF CEMETERY OR CREMATORY Reformed Cemetery
LOCATION (City, town, or county) (State) Middletown, Md.

DATE REC'D BY LOCAL REGISTRAR December 10, 1953
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR Gladhill Co., ADDRESS Middletown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 14 19[illegible]3
BUREAU V. S[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Md. 02
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 41 W. North Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Maryland
STREET ADDRESS (If rural give location) 41 W. North Street

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) (none) (Last) Hope
4. DATE OF DEATH: (Month) 12 (Day) 23 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 1-13-1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 4 NO
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Laura Dobbins 41 W. North Street.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Cardio-Vascular Disease — Interval Between Onset And Death ?

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arterio-Sclerosis ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1953, to 12/23, 1953, that I last saw the deceased alive on 12/24, 1953, and that death occurred at 12 M, from the causes and on the date stated above.

SIGNATURE (Degree or title) Vilm D Miller 131 W. Wash St.
ADDRESS HAGERSTOWN, MD.
DATE SIGNED 12/24-1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12-26-1953
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland
DATE REC'D BY LOCAL REGISTRAR Dec. 26, 1953
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR John R Watson Jr. ADDRESS 24 W Bethel St Hagerstown Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) 5 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mercersburg, Pa.
STREET ADDRESS (If rural, give location) Linden Ave.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Jantha (Last) HYAMS
4. DATE OF DEATH (Month) Dec. (Day) 2 (Year) 1953
5. SEX Fem.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Apr. 1, 1898
9. AGE last birthday 55 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assistant to Librarian
10b. KIND OF BUSINESS OR INDUSTRY School Library
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Richard M. Hyams
14. MOTHER'S MAIDEN NAME Nancy L. King
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 219-20-1441
17. INFORMANT AND ADDRESS Virginia Rose, Mercersburg, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
1 3X Immediate cause	(a) Carcinoma of colon	about 6 or 8 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diverticulitis + diverticulosis	14 mo (?)
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 7-7-53
19b. MAJOR FINDINGS OF OPERATION Carcinoma of colon
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/26, 1953, to 12/1, 1953, that I last saw the deceased alive on 11/30, 1953, and that death occurred at 2.15a m., from the causes and on the date stated above. 12/1/53

SIGNATURE (Degree or title) John H. Honebaker M.D. ADDRESS 154 W. Washington St. Hagerstown, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE 12/5/53
NAME OF CEMETERY OR CREMATORY Rose Lawn Cem.
LOCATION (City, town, or county) (State) Baton Rouge, La.
DATE REC'D BY LOCAL REG. Dec. 1, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR F. M. Leininger, Mercersburg, Pa. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 3 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr. Wm. Campbell

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown R.#3

LENGTH OF STAY (in this place): 15 Yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sharpsburg Pike

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Wash.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown

STREET ADDRESS (If rural give location): Hagerstown R. # 3

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
NANCY	LEMON	JENKINS	Dec. 27 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
F	W	Married	July 5 1887	66 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Springfield, Ohio	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Cartmell	Birdie Roberts

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	-------	None	Grover C. Jenkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Cardio-Vascular Disease — 2 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 1952, to Dec. 27, 1953, that I last saw the deceased alive on Nov., 1953, and that death occurred at Hagerstown R3 Dec 27-53, from the causes and on the date stated above.

SIGNATURE (Degree or title): H. K. Campbell MD — ADDRESS: Hagerstown Md. — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-29-53	Rose Hill	Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 29, 1953	Chas H. Bowers	Andrew K. Coffman	Hagerstown, Md.

VS. A15

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DEC
BUREAU V. S.

Film#G160 Item# 7 1/6/54 emp

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 146 N. Jonathan St.,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Maryland
STREET ADDRESS (If rural, give location) 146 N. Jonathan Street

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Theodore (Last) Kane
4. DATE OF DEATH (Month) Dec. (Day) 16 (Year) 1953

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Apr. 7, 1895
9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor
10b. KIND OF BUSINESS OR INDUSTRY Hotel
11. BIRTHPLACE (State or foreign country) Hagerstown, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Theodore Kane
14. MOTHER'S MAIDEN NAME Louise Lyles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO. 220-10-3872
17. INFORMANT AND ADDRESS Mrs. Dorothy Jackson + 422 N. Green St. - Baltimore 1, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Arterio sclerotic myocardial heart disease — INTERVAL BETWEEN ONSET AND DEATH 8yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Coronary Occlusion — 1 hr.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION 0 None
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD.
ADDRESS 115 N. Potomac St., Hagerstown, Md.
DATE SIGNED 12-19-53

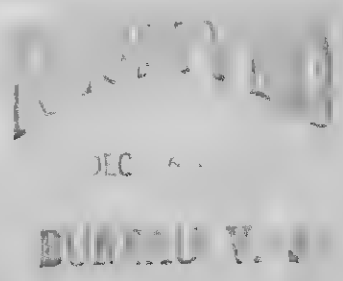
BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-21-53
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown, Maryland (State)

DATE REC'D BY LOCAL REG. Dec. 21, 1953
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR John R Watson Jr.
ADDRESS 24 W Bethel St Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL X
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ON BROADFORDING ROAD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. LENA X RURAL
STREET ADDRESS (If rural, give location) BOONSBORO MD. R12.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) JOHN SAMUEL LUM

4. DATE OF DEATH (Month) (Day) (Year) DEC. 28. 1953

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH AUG. 17. 1908
9. AGE last birthday 45-4-11 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OPERATOR of GAS STATION
10b. KIND OF BUSINESS OR INDUSTRY AMERICAN OIL Co.
11. BIRTHPLACE (State or foreign country) MT. LENA WASH. CO. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOHN A. LUM
14. MOTHER'S MAIDEN NAME MINNIE M. ROWE.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 220-10-3115
17. INFORMANT AND ADDRESS MRS. JULIA H. LUM BOONSBORO MD. R12.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Acute coronary occlusion — 10 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. weakness in legs

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? none -died while driving automobile

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM WASH. CO., MD. ADDRESS 115 N. Potomac St., Hagerstown, Md. DATE SIGNED 12-30-53

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF DEC. 31-1953
NAME OF CEMETERY OR CREMATORY MT. LENA UNION CEMETERY
LOCATION (City, town, or county) (State) MT. LENA WASH. CO. MD.

DATE REC'D BY LOCAL REG. Dec 30/1953
REGISTRAR'S SIGNATURE Jonas H. Bowers
24. FUNERAL DIRECTOR Wm. F. BAST AND SONS ADDRESS BOONSBORO MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DR. WELLS

M

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VS. A15A

Items 8, 9: Film G160 – 1-27-54

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN 03
LENGTH OF STAY (in this place): DEAD ON ARRIVAL
HOSPITAL OR INSTITUTION OR STREET ADDRESS: WASHINGTON COUNTY HOSPITAL 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: WASH.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN
STREET ADDRESS (If rural give location): 1145 KUHN AVENUE

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) H. (Last) MELLOR

4. DATE OF DEATH: (Month) DEC. (Day) 19 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOW

8. DATE OF BIRTH: APRIL 1876 1879

9. AGE last birthday: ~~77~~ 74 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: MAINTANCE MAN

10b. KIND OF BUSINESS OR INDUSTRY: CITY

11. BIRTHPLACE (State or foreign country): ELLICOTT CITY, MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: BENJAMIN MELLOR

14. MOTHER'S MAIDEN NAME: EMMA J. SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNK. (If Yes, give war or dates of service) UNK

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: MRS. MARY BAUMGARDNER 1145 KUHN AVENUE

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause: 332 X — (a) Cerebral Thrombosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Arter Sclerosis — 5 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from Dec 19 53 to Dec 19 53, that I last saw the deceased alive on Dec 19 53, and that death occurred at 11 AM, from the causes and on the date stated above.

SIGNATURE (Degree or Title): H. H. Beachy M.D. — ADDRESS: Hagerstown — DATE SIGNED: 12/24/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — **DATE THEREOF** DEC. 23, 53 — **NAME OF CEMETERY OR CREMATORY** MANOR CEMETERY — **LOCATION** (City, town, or county) (State) TILLINGTON, MARYLAND

DATE REC'D BY LOCAL REGISTRAR Dec. 23 1953 — **REGISTRAR'S SIGNATURE** Chas. H. Howard

24. FUNERAL DIRECTOR FRED. W. KRAISS — **ADDRESS** 139 NORTH POTOMAC ST.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 362

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 6 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 347 N. Cleveland Ave.

3. NAME OF DECEASED: (Type or Print) (First) Marie (Middle) Helen (Last) Mellott

4. DATE OF DEATH: (Month) Dec. (Day) 4 (Year) 1953

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) divorced
8. DATE OF BIRTH: Nov 6, 1911
9. AGE last birthday: 42 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): waitress
10b. KIND OF BUSINESS OR INDUSTRY: restaurant
11. BIRTHPLACE (State or foreign country): Hagerstown, Md.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Harry Sheffler
14. MOTHER'S MAIDEN NAME: Pearl Frazier

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-12-2192
17. INFORMANT & ADDRESS: Mrs. Pearl Kay. Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X

Immediate cause (a) Metastatic Cancer of Cervix

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct, 1953, to Nov, 1953, that I last saw the deceased alive on 26 Nov, 1953, and that death occurred at 6:00 A.M. from the causes and on the date stated above.

SIGNATURE J Dewitt (Degree or title) M.D. ADDRESS Hagerstown DATE SIGNED 12/5/53

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF Dec. 7, 1953
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Dec. 5, 1953
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son. ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
EC 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 316

1. PLACE OF DEATH:
COUNTY MARYLAND Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EAKLES MILL - RURAL X
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS KEEDYSVILLE MD. R.1 X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EAKLES MILL - RURAL X
STREET ADDRESS (If rural give location) KEEDYSVILLE MD. R.1.

3. NAME OF DECEASED: (Type or Print) (First) EMMA (Middle) B (Last) MERTZ

4. DATE OF DEATH: (Month) DECEMBER (Day) - 6 - (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH: OCTOBER - 9 - 1871
9. AGE last birthday: 82 - 1 - 27 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOOSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): NEAR BOONSBORO WASH. CO. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DANIEL SMITH
14. MOTHER'S MAIDEN NAME: MALINDA GREEN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Herbert E. Mertz Keedysville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Cardio-renal vascular disease — Interval Between Onset And Death 3 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 2, 1953, to Dec. 6, 1953 that I last saw the deceased alive on Dec. 4, 1953, and that death occurred at 8 A.M., from the causes and on the date stated above.

SIGNATURE G. W. LeVan (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 12/7/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF DEC. 8. 1953 NAME OF CEMETERY OR CREMATORY BOONSBORO CEMETERY LOCATION (City, town, or county) BOONSBORO WASH. CO. MD. (State)

DATE REC'D BY LOCAL REGISTRAR R. H. Geeting REGISTRAR'S SIGNATURE R. H. Geeting

24. FUNERAL DIRECTOR Wm. F. BAST AND SONS ADDRESS BOONSBORO MD

DR. LEVAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 14 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 810 Woodland Way

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 810 Woodland Way

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Carl (Last) Metz
4. DATE OF DEATH: (Month) Dec. (Day) 26 (Year) 19 53
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 8-16-1888
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months 4 Days 10 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Wage Accountant
10b. KIND OF BUSINESS OR INDUSTRY: W. M. R. R. Co.
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jesse A. Metz
14. MOTHER'S MAIDEN NAME: Emma Farrow
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 705-10-7458
17. INFORMANT & ADDRESS: Mrs. Wm. C. Metz, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.0 (a) Arteriosclerotic Heart disease with myocardial failure — Interval Between Onset And Death 5 yrs +

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NM

19a. DATE OF OPERATION: NM
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) N
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1952, to Dec. 26, 1953, that I last saw the deceased alive on 25 Dec, 1953, and that death occurred at 9 30 A, from the causes and on the date stated above.
SIGNATURE F. F. Lusby (Degree or title) MD ADDRESS 230 N Potomac DATE SIGNED 26 Dec 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12-28-1953
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland
DATE REC'D BY LOCAL REGISTRAR Dec. 28, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC [illegible] 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 1302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
STATE: MARYLAND
LENGTH OF STAY (in this place): 3½ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md.
COUNTY: Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): rural, Boonsboro
STREET ADDRESS (If rural give location): RFD #2

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Susan (Last) Meyer

4. DATE OF DEATH: (Month) Dec. (Day) 26 (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 6-29-1895

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: house wife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Churchland, Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Gaskins

14. MOTHER'S MAIDEN NAME: (last name) Barlow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: - -

17. INFORMANT & ADDRESS: Christian Meyer, Boonsboro, RD2, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial infarction — Interval Between Onset And Death: 12 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerotic, Hypertensive Heart Dis. — 5 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — Unknown

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 Dec, 1953, to 26 Dec 1953 that I last saw the deceased alive on 26 Dec 1953 and that death occurred at 10:10 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] M.D. — ADDRESS: Williamsport, Md — DATE SIGNED: 27 Dec 1953

23. BURIAL, CREMATION, REMOVAL (Specify): burial

DATE THEREOF: 12-29-53

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Dec. 28, 1953

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Scott F. Minnich & Son, Hagerstown — ADDRESS

RECEIVED
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BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) —; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keedysville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Robert; (Middle) FRANCIS; (Last) Mick JR.

4. DATE OF DEATH: (Month) (Day) (Year) December 21 1953

5. SEX: male

6. COLOR OR RACE: Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: December 19, 1953

9. AGE last birthday: yrs. If under 1 year: Months; Days 3; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert Francis mick Sr.

14. MOTHER'S MAIDEN NAME: Mary Catherine Jay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Keedysville, Maryland R. #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

"1625

Immediate cause (a) Anoxia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Prematurity — 7 months

(c) due to spontaneous rupture of Membranes

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 9, 1953, to Dec. 21, 1953, that I last saw the deceased alive on 12-20, 1953, and that death occurred at 05 p.m., from the causes and on the date stated above.

SIGNATURE: Walter H. Straub jr M.D. (Degree or title) ADDRESS: Sharpsburg, Md. DATE SIGNED: Dec. 21, 1953.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12/24/53

NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery

LOCATION (City, town, or county): Hagerstown (State): Md.

DATE REC'D BY LOCAL REG.: Dec. 22 1953

REGISTRAR'S SIGNATURE: Grant Bowers

24. FUNERAL DIRECTOR: Rest Haven Funeral Chapel Inc ADDRESS: Wm. A. Frost

20V3335321

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 144 N. Jonathan Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Maryland
STREET ADDRESS (If rural, give location) 144 N. Jonathan St.,

3. NAME OF DECEASED (Type or Print) (First) Nannie (Middle) (No) (Last) Miller
4. DATE OF DEATH (Month) 12 (Day) 9 (Year) 1953

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH June 10, 1914
9. AGE last birthday 39 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Private Family
11. BIRTHPLACE (State or foreign country) Martinsburg, W. Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Miller
14. MOTHER'S MAIDEN NAME Virginia Burn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Andrew Black - 144 N. Jonathan St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

91.4.0

Immediate cause (a) Delayed sub-dual hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: about 11 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Hagerstown (COUNTY) Washington (STATE) Md.
TIME OF INJURY (Month) Dec (Day) 9 (Year) '53 (Hour) 2A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Pt. fell

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) S. Robert Mell, MD. ADDRESS 115 N. Potomac St. Hagerstown, Md. DATE SIGNED 12-12-53

MODE OF CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-12-53
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REG. Dec. 12, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR John R Watson Jr ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. ALA

RECEIVED
DEC 15 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (In this place) 50 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 638 W. WASHINGTON ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASH.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural give location) 638 W. WASHINGTON ST.

3. NAME OF DECEASED: (Type or Print) (First) MABEL (Middle) C. (Last) MOORE

4. DATE OF DEATH: (Month) 12 (Day) 24 (Year) 19 53

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: OCT. 8, 1885

9. AGE last birthday: 68 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSE DUTIES

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): PENNA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: AMBROSE GRAY

14. MOTHER'S MAIDEN NAME: EMMA EDWARDS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: WILLIAM E. MOORE 638 W. WASHINGTON ST. HAGERSTOWN, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 24 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerosis — Yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease — 1 yr.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 23, 1953, to Dec. 24, 1953, that I last saw the deceased alive on Dec. 24 1953, and that death occurred at 6:15 P.M., from the causes and on the date stated above.
SIGNATURE Clark A. Hoffman (Degree or title) M.D. ADDRESS 214 N. Potomac St. Hagerstown, Md. DATE SIGNED 12/26/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF DEC. 27, 1953 | NAME OF CEMETERY OR CREMATORY ROSE HILL CEMETERY | LOCATION (City, town, or county) (State) HAGERSTOWN, MD.

DATE REC'D BY LOCAL REGISTRAR Dec. 6 1953 | REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS FRED W. KRAISS HAGERSTOWN, MD.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The street address is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 1 1 03
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown, Md. LENGTH OF STAY (in this place) Life time	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown, Maryland
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hosp.	STREET ADDRESS (If rural give location) 313 N Potomac Street

3. NAME OF DECEASED: (Type or Print) (First) Edgar (Middle) Ellsworth (Last) Moxley

4. DATE OF DEATH: (Month) Dec (Day) 30 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Jan 6 1879

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Janitor

10b. KIND OF BUSINESS OR INDUSTRY: Department store

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Robert Moxley

14. MOTHER'S MAIDEN NAME: Catherine Kuhn

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-09-3389

17. INFORMANT & ADDRESS: Mrs Delilah William, 313 N. Potomac St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.9

Immediate cause (a) Carcinomatosis - primary site — Interval Between Onset And Death 2 yrs

DUE TO not determined

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO —

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: April 53

19b. MAJOR FINDINGS OF OPERATION Tumor of neck - biopsied

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1953, to Dec 30, 1953, that I last saw the deceased alive on 30 Dec, 1953, and that death occurred at 2:45 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Eldon E. Hackleman MD ADDRESS Hagerstown Md DATE SIGNED 1/2/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Jan 3 1954 NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery LOCATION (City, town, or county) (State) Hagerstown Maryland

DATE REC'D BY LOCAL REGISTRAR Jan 3, 1954 REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR John R Watson Jr ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
JAN 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 922 Mulberry Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 922 Mulbery Ave

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Franklin (Last) Myers

4. DATE OF DEATH: (Month) Dec. (Day) 31st (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 10-20-1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Machine Shop
11. BIRTHPLACE (State or foreign country): Washington Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Fred T. Myers
14. MOTHER'S MAIDEN NAME: Lydia Miner

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-09-3468
17. INFORMANT & ADDRESS: Bessie B. Myers Hagerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Diabetes Mellitus — several yrs

DUE TO

(c) Hemiplegia — Rt — 2½ mo

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 21, 1946, to Dec 31, 1953, that I last saw the deceased alive on Dec 31, 1953, and that death occurred at 11 40 Pm from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS Hagerstown Md DATE SIGNED 1/2/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 1-3-54 NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery LOCATION (City, town, or county) Hagerstown (State) Md

DATE REC'D BY LOCAL REGISTRAR Jan 2 1953 REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Rest Haven Funeral Chapel ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11

Dr Binkley

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN REQUIRED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown R # 6
LENGTH OF STAY (In this place): 28 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Paramount

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown R # 6
STREET ADDRESS (If rural give location): Paramount

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) HERSCHELL (Last) NEWMAN

4. DATE OF DEATH: (Month) Dec (Day) 25 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Mar 13 1874

9. AGE last birthday: 79 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Cashier Nic Natl Bank

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Wyanesboro Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel David Newman

14. MOTHER'S MAIDEN NAME: Irene D. Harne

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) ------

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hoy D. Newman Smithsburg Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause: 420.0 (a) Coronary Occlusion — Sudden

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteria Sclerotic Heart Disease — Years
DUE TO (c) (Coronary Embolus) — 7/23/53

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: 0 — **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 7/23, 1953, to 12/25, 1953, that I last saw the deceased alive on 12/26, 1953, and that death occurred at 11.50 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): O. H. Binkley M.D. — ADDRESS: Hagerstown Md — DATE SIGNED: 12/26/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/28/53 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: 12/29/53 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman Hagerstown Md.

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DEC 1 ‹ ›
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:
COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN 03
LENGTH OF STAY (in this place) 35 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL HAGERSTOWN
STREET ADDRESS (If rural give location) RT.# 4

3. NAME OF DECEASED: (Type or Print) (First) ILSIE (Middle) VIRGINIA (Last) PATTERSON
4. DATE OF DEATH: (Month) DEC. (Day) 28 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	WHITE		5/31/1906	47 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	HOME	VIRGINIA	U.S.A.

13. FATHER'S NAME: Edward L. Doffelmyer
14. MOTHER'S MAIDEN NAME: Carrie Kibler

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	217-10-3267	Mr. Kenneth N. Patterson Rt. #4 Hagerstown Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
193 X Immediate cause	(a) Astrocytoma - Rt. Occipito - Parietal Lobe of Brain DUE TO	1 year
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-4-, 19 47, to 12-28-, 1953, that I last saw the deceased alive on 12-28-, 1953, and that death occurred at 2:15 AM., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dalton M. Welty	M. D.	Hagerstown	12-29-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/30/53	Rose Hill Cem.	Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 24 1953	Ethel H. Bowers	W. J. Normutt	Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dittto

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown R #4 X
LENGTH OF STAY (in this place) 68 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Broadfording Rd. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown R # 4 X
STREET ADDRESS (If rural give location) Broadfording Rd.

3. NAME OF DECEASED: (Type or Print) (First) LIZZIE (Middle) MAY (Last) PETRE

4. DATE OF DEATH: (Month) Dec (Day) 29 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Apr 27 1880

9. AGE last birthday: 73 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Hagerstown Md R # 4

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel Showalter

14. MOTHER'S MAIDEN NAME: Elizabeth Cearfoss

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) ------

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Rev David R. Petre Hagerstown Md. R # 4

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chr Myocarditis — Interval Between Onset And Death 6 mo

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-1, 1953, to 12-29, 1953, that I last saw the deceased alive on 12-24, 1953, and that death occurred at 12:10 PM from the causes and on the date stated above.
SIGNATURE J W Dell (Degree or title) ADDRESS Hagerstown Rt 4 DATE SIGNED 1/30/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12-31-53
NAME OF CEMETERY OR CREMATORY Dunkard Cemetery
LOCATION (City, town, or county) (State) Broadfording Md,

DATE REC'D BY LOCAL REGISTRAR Dec. 30, 1953
REGISTRAR'S SIGNATURE Chas H Gravers
24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15,

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12647

Dr. Hoffman

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
   COUNTY: Washington
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
   LENGTH OF STAY (in this place): 2 Days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland
   COUNTY: Washington
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
   STREET ADDRESS (If rural give location): 829 Forest Drive

3. NAME OF DECEASED: (First) Margaret (Middle) Ruth (Last) Reed

4. DATE OF DEATH: (Month) Dec. (Day) 10 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Mar. 9, 1893

9. AGE last birthday: 60 yrs.
   IF UNDER 1 YEAR: Months / Days
   IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Hagerstown Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James B. Warner

14. MOTHER'S MAIDEN NAME: Susan Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
    (If Yes, give war or dates of service): no

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mrs. Aleda C. James

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchial Asthma — Interval Between Onset And Death: 18 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Vascular Disease

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 4, 1953, to Dec. 10, 1953, that I last saw the deceased alive on Dec 10, 1953, and that death occurred at 11 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Lloyd A. Hoffman M.D. 214 N. Potomac St. Hagerstown, Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
    DATE THEREOF: Dec. 12, 1953
    NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
    LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR: Dec 11, 1953

REGISTRAR'S SIGNATURE: Chas H. Bowers

24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman Hagerstown, Md.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1953

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Rt. #3
LENGTH OF STAY (in this place): 21 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sharpesburg Pike, Rt. #3

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural #3 Hagerstown, Md.
STREET ADDRESS (If rural give location): Sharpesburg Pike

3. NAME OF DECEASED: (Type or Print) (First) Fred (Middle) Allen (Last) Reel

4. DATE OF DEATH: (Month) Dec. (Day) 3 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12-5-1880

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months 11 Days 28 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sharpesburg, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas H. Reel

14. MOTHER'S MAIDEN NAME: Mary Catherine Grice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: Daisy M. Reel, Sharpsburg Pike

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

153X

Immediate cause (a) Metastatic Carcinoma of Lung — Interval Between Onset And Death: 1 year

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Primary Carcinoma of the Transverse Colon — 2 years

DUE TO (c) Coma

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10/8/51. 19b. MAJOR FINDINGS OF OPERATION: Adeno-Carcinoma of the transverse Colon

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/ /1951, to 12/3/1953, that I last saw the deceased alive on 12/2/1953, and that death occurred at 4:1[illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Walter H. Hurley M.D. ADDRESS: Sharpsburg, Md. DATE SIGNED: 12/4/53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12-6-1953

NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery

LOCATION (City, town, or county) (State): Sharpsburg, Md.

DATE REC'D BY LOCAL REGISTRAR: Dec. 5, 1953

REGISTRAR'S SIGNATURE: Elmer G. Boyer

24. FUNERAL DIRECTOR: C. M. Suter & Sons ADDRESS: Hagerstown, Maryland

smb

VS. A15

RECEIVED
MAY 5 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr Hoffman

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 7 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1016 Oak Hill Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 1016 Oak Hill Ave

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) ANN (Last) RIDENOUR

4. DATE OF DEATH (Month) (Day) (Year) Dec 12 1953 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: Aug 21 1869
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Tilghmanton Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Josiah Bloom
14. MOTHER'S MAIDEN NAME: Ellen Fitch

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No n (If Yes, give war or dates of service) ------
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs Hunton P. Mills Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a)	Cerebral Thrombosis	1 yr.
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Arteriosclerosis	yrs.
	DUE TO (c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. no

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1° ,1941, to Dec 11, 1953, that I last saw the deceased alive on Dec. 11, 1953, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clard A. Hoffman, M.D. ADDRESS 214 N. Potomac St. Hagerstown, Md. DATE SIGNED 12/14/53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF 12/14/53
NAME OF CEMETERY OR CREMATORY Manor Cemetery near Tilghmanton
LOCATION (City, town, or county) Wash. Co. (State) Md

DATE REC'D BY LOCAL REGISTRAR Dec. 14 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hageestown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 17
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 836 Guilford Avenue

3. NAME OF DECEASED: (Type or Print) (First) Norman (Middle) Glenn (Last) Rook
4. DATE OF DEATH: (Month) Dec. (Day) 21 (Year) 19 53
5. SEX: MALE Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1-31-1903
9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR Months 10 Days 20 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Machnist
10b. KIND OF BUSINESS OR INDUSTRY: Reisner Mfg. Co.
11. BIRTHPLACE (State or foreign country): Chambersburg, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joseph S. Rook
14. MOTHER'S MAIDEN NAME: Mary V. Ritter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) G (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-09-2740
17. INFORMANT & ADDRESS: Mrs. Norman G. Rook, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Myocardial infarction — Interval Between Onset And Death: 18 days

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary thrombosis — 18 days

DUE TO

(c) Hypertensive cardiovascular disease — 3 yrs. certain

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriolarnephrosclerosis — 3 yrs. certain

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 3, 1953, to Dec. 21, 1953, that I last saw the deceased alive on Dec. 20, 1953, and that death occurred at 3:05 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) William T. Hayman, M.D. ADDRESS Professional Arts Bldg. Hagerstown, Md. DATE SIGNED Dec. 22, 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12-23-1953
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland
DATE REC'D BY LOCAL REGISTRAR Dec 23, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
DEC 20 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12651

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASH.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN — LENGTH OF STAY (in this place) 1Hr. 30 Min.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL	STREET ADDRESS (If rural give location) 57 WEST NORTH STREET

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) ROSS

4. DATE OF DEATH: (Month) DEC. (Day) 16 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: DECEMBER 16, 1953

9. AGE last birthday: — yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours 1 Min. 30

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): HAGERSTOWN, MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: LESTER WILLIAM ROSS

14. MOTHER'S MAIDEN NAME: MARGARET HOLIDAY

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 NO (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: LESTER WILLIAM ROSS 57 WEST NORTH STREET

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

76L0

Immediate cause (a) Anoxia - Result of

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Umbilical Cord injury

DUE TO (intrauterine)

(c)

Interval Between Onset And Death: 1½ hrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 16, 1953, to ——, 19..., that I last saw the deceased alive on Dec 16, 1953, and that death occurred at 3.30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) David R. Brewer M.D. — ADDRESS Clear Spring Md. — DATE SIGNED 12/18/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF DEC. 18, 1953 — NAME OF CEMETERY OR CREMATORY ROSE HILL CEMETERY — LOCATION (City, town, or county) (State) HAGERSTOWN, MARYLAND

DATE REC'D BY LOCAL REGISTRAR Dec. 19. 1953 — REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR FRED W. KRAISS — ADDRESS 139 NORTH POTOMAC ST.

20V336V414

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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DEC
BUREAU V. S.

192

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: WASHINGTON — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN

LENGTH OF STAY (in this place): 3 WEEKS

HOSPITAL OR INSTITUTION OR STREET ADDRESS: GATEWAY NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: MARYLAND — COUNTY: WASH.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN

STREET ADDRESS (If rural give location): 606 POTOMAC AVENUE

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
AURA	J.	SCHINDEL	DEC.	30	19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
FEMALE	WHITE	SINGLE	Oct. 1869	84 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
		HAGERSTOWN, MARYLAND	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
EZRA SCHINDEL	ALICE MC GRUDDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO	NO		MRS. ELMER B. CARL 606 POTOMAC AVENUE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause: 4427 — (a) Cerebral Hemorrhage — 1 year

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Cardio Vascular Renal Disease — 6 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct 1 ..., 1951, to Dec 29 ..., 1953, that I last saw the deceased alive on Dec 29 ..., 1953, and that death occurred at 9 30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert P. Conrad, M.D. — ADDRESS: Hagerstown, Md. — DATE SIGNED: 12-31-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	JAN. 2, 1954	ROSE HILL CEMETERY	HAGERSTOWN, MARYLAND

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 1 - 1954	Joseph W. Murray Local	FRED W. KRAISS	139 NORTH POTOMAC ST.

VS. A15

RECEIVED
JAN 7 1954
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

Dr Wills

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; MARYLAND; LENGTH OF STAY (In this place) 13 Yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS en route to hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 25½ West Franklin St.

3. NAME OF DECEASED (Type or Print): (First) JESSIE (Middle) VIRGINIA (Last) SCHLOTTERBECK

4. DATE OF DEATH: (Month) Dec (Day) 28 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Dec 8 1882

9. AGE last birthday: 71 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Luray Va.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Charles Young

14. MOTHER'S MAIDEN NAME: Eleanor Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Thomas J. Schlotterbeck

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

9 0.0

Immediate cause (a) Fractured Skull (closed) hemorrhage & Shock — Interval Between Onset and Death: 40min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: at home (CITY OR TOWN) Hagerstown (COUNTY) Washington (STATE) Md

TIME (Month) (Day) (Year) (Hour) OF INJURY: 12-28-53 P m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Deceased fell down steps

22. *I certify that I took charge of the remains described above, held an Autopsy ( ), Inspection (✓) Inquiry ( ) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ( ), accident ( ), suicide ( ), homicide ( ), undetermined ( ).*

SIGNATURE (Degree or title) DEPUTY MEDICAL WASH. CO. ADDRESS: 115 N. Potomac St., Hagerstown DATE SIGNED: 12-28-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12-30-53

NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery

LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG.: Dec. 29 1953

REGISTRAR'S SIGNATURE: Ethel H Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman ADDRESS: Hagerstown Md.

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 205

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 20 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: WASHINGTON
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN HALFWAY
STREET ADDRESS (If rural give location) 1920 VIRGINIA AVE.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) WESLEY (Last) SENSENBAUGH
4. DATE OF DEATH: (Month) DEC. (Day) 31 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 9/16/1867
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): RETIRED EXAMINER
10b. KIND OF BUSINESS OR INDUSTRY: RAIL ROAD
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN W. SENSENBAUGH
14. MOTHER'S MAIDEN NAME: AMANDA HOOVER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 215-18-1162
17. INFORMANT & ADDRESS: MRS. SARAH FLOOK HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

585X

Immediate cause (a) Bronchopneumonia and Pulmonary Edema — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic cholecystitis and Pancreatitis — 2-3 months

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerotic Cardiovascular disease 4-5 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/22, 1953, to 12/31, 1953, that I last saw the deceased alive on 12/31, 1953, and that death occurred at 5:55 PM from the causes and on the date stated above.

SIGNATURE George Jennings (Degree or title) M.D. ADDRESS Hagerstown, Md. DATE SIGNED 1/2/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 1/3/54 NAME OF CEMETERY OR CREMATORY Wolfsville Lutheran Ch. Cem. LOCATION (City, town, or county) Washington Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR Jan. 2, 1954 REGISTRAR'S SIGNATURE Chas H Boevers 24. FUNERAL DIRECTOR W. T. Norment ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

Film#G160 Item# 7 12/23/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr Robt Campbell

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 1 Yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 335 So. Cannon Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 335 So Cannon Ave

3. NAME OF DECEASED: (Type or Print) (First) ELIZABETH (Middle) (Last) SHEARER

4. DATE OF DEATH: (Month) Dec (Day) 12 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Oct 30 1876

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Connor

14. MOTHER'S MAIDEN NAME: Margaret Swan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs Alfred De Felice

18. MEDICAL CERTIFICATION — Hagerstown Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4.22.1

Immediate cause (a) Arteriosclerotic Cardio Vascular

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Disease — Interval Between Onset And Death: 2 yr

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. ..., 1953, to Dec. 12., 1953, that I last saw the deceased alive on Nov. 12., 1953, and that death occurred at ..... , from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert V. Campbell MD — ADDRESS 145 W Washington St — DATE SIGNED 12/14/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12/15/53 — NAME OF CEMETERY OR CREMATORY Green Hill Cemetery — LOCATION (City, town, or county) (State) Waynesboro Pa

DATE REC'D BY LOCAL REGISTRAR Dec 14 1953 — REGISTRAR'S SIGNATURE Elliott Bowers

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman Hagerstown Md.

VS. A15

RECEIVED
DEC 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12656

Reg. Dist. No. 302

1. PLACE OF DEATH:

COUNTY Washington MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown

LENGTH OF STAY (in this place) 2 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown

STREET ADDRESS (If rural give location) 336 Jefferson Street

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) Mary (Last) Shepherd

4. DATE OF DEATH: (Month) Dec. (Day) 28 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 2-1910

9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR Months 10 Days 26 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Machine Operator

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Shipp

14. MOTHER'S MAIDEN NAME: Elizabeth Beard

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-09-7301

17. INFORMANT & ADDRESS: James E. Shepherd, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.1

Immediate cause (a) Brain tumor — Interval Between Onset And Death ?

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Melanosarcoma left leg — 3 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Oct. 1952

19b. MAJOR FINDINGS OF OPERATION Melanosarcoma - lymph glands - in left groin

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10th, 1948, to Dec 28th, 1953, that I last saw the deceased alive on Dec 28, 1953, and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE Philip J. Rosleman (Degree or title) MD ADDRESS Hagerstown Md DATE SIGNED 12/29/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 12-31-1953

NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Dec. 30, 1953

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Accuracy is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Maryland
STREET ADDRESS (If rural give location) 61 East Church Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Gary	William	Beachley	Dec.	8	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday: yrs.	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Div	Dec. 7 1952			1		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Bat	Div	Hagerstown Md.	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Robert Curtis Beachley	Mary Matilda Lightner Williamsport Md

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	No		Ella M. Church Street Williamsport Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
762.0 Immediate cause	(a) Fetal Atelectasis	1 Day
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	
	(c) DUE TO	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/2/53 19.... to 12/8/53 19.., that I last saw the deceased alive on 12/8/53 19.... , and that death occurred at 7:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
L. F. Young M.D.	Williamsport Md	12/9/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 11 53	Riverview Cemetery	Williamsport Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Dec 9 1953	Chas A Bowers	Leith V. Leaf Williamsport Md.

VS. A15

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RECEIVED
DEC 11 [illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 915 Hamilton Blvd.

3. NAME OF DECEASED: (Type or Print) (First) Ada (Middle) May (Last) Snyder

4. DATE OF DEATH: (Month) Dec. (Day) 21 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 25, 1883

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months 8 Days 26 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Howard E. Beck

14. MOTHER'S MAIDEN NAME: Alice Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: John Leiter Snyder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 443X (a) Hypertensive cardiovascular disease — Interval Between Onset And Death: 13 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 29, 1940, to Dec. 21, 1953, that I last saw the deceased alive on Dec. 20, 1953, and that death occurred at 4:55 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. D. ADDRESS Hagerstown, Maryland DATE SIGNED Dec. 23, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12-23-1953 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Dec 23, 1953 — REGISTRAR'S SIGNATURE Chas. H. Powers

24. FUNERAL DIRECTOR — ADDRESS C. M. Suter & Sons, Hagerstown, Maryland

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 400 North Potomac Street

3. NAME OF DECEASED: (Type or Print) (First) Nettie (Middle) Schley (Last) Stott
4. DATE OF DEATH: (Month) Dec. (Day) 6 (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: SEPT 1, 1907
9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Franklin Platt Canby
14. MOTHER'S MAIDEN NAME: Mary George Bowie

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: Margaret Waltersdorf, Baltimore, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0

Immediate cause (a) LIVER Failure — Interval Between Onset And Death: 6 wks.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Cirrhosis of Liver — yrs.

DUE TO (c) Malnutrition. — yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1953, to Dec 6, 1953, that I last saw the deceased alive on Dec 6, 1953, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

SIGNATURE Louis F. Bruff (Degree or title) M.D. ADDRESS 119 E. Antietam St. DATE SIGNED 12/7/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12-8-1953
NAME OF CEMETERY OR CREMATORY Episcopal Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Dec 8, 1953
REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12660

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 425 Cook St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 425 Cook St

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) William (Last) Straub

4. DATE OF DEATH: (Month) Dec. (Day) 22 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 10-2-1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Furnature Maker
11. BIRTHPLACE (State or foreign country): Penna
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Luten Straub
14. MOTHER'S MAIDEN NAME: Fauber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-09-6680
17. INFORMANT & ADDRESS: Emma F. Straub. Hagerstown Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) Cardiac Hemorrhage — Interval Between Onset And Death: 11 mo.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardiac Vascular Disease — 3 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1, 1952, to 12-22, 1953, that I last saw the deceased alive on 12-18, 1953, and that death occurred at 1 pm, from the causes and on the date stated above.

SIGNATURE H DW Duffy (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 12/23/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12-26-53
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) Hagerstown Md (State)
DATE REC'D BY LOCAL REGISTRAR Dec. 23, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Rest Haven Funeral Chapel Inc. ADDRESS Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 352

1. PLACE OF DEATH: COUNTY WASHINGTON; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 1106 POPE AVE ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY WASHINGTON; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN; STREET ADDRESS (If rural, give location) 1106 POPE AVE.

3. NAME OF DECEASED (Type or Print): (First) RUSSELL (Middle) LOUIS (Last) THOMAS

4. DATE OF DEATH (Month) (Day) (Year): DECEMBER 18, 1953

5. SEX: MALE.

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINCE

8. DATE OF BIRTH: SEPT. 19-1953

9. AGE last birthday: 2 MO 29 da yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): WASH. CO. HOSPITAL - HAGERSTOWN MD. U.S.A

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: LEON THOMAS

14. MOTHER'S MAIDEN NAME: ANNA THOMAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: MRS. ANNA THOMAS - 1106 POPE AVE HAGERSTOWN.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

Immediate cause (a) Acute Broncho-Pneumonia — Interval Between Onset and Death: about 12 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J. Robert Wells M.D. (Degree or title) ADDRESS: 115 N. Potomac St., Hagerstown, Md. DATE SIGNED: 12-18-53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: DEC. 20, 1953 | NAME OF CEMETERY OR CREMATORY: FAHRNEY CEMETERY | LOCATION (City, town, or county) (State): NEAR MAPLEVILLE MD.

DATE REC'D BY LOCAL REG.: Dec. 19, 1953 | REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS: WM. F. BAST AND SONS BOONSBORO MD

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VS. A15A

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. Type correct appellation if especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 6 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASH. COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASH.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
STREET ADDRESS (If rural give location) 535 SALEM AVENUE

3. NAME OF DECEASED: (Type or Print) (First) SADIE (Middle) GERTRUDE (Last) WADE
4. DATE OF DEATH: (Month) DEC. (Day) 3 (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW
8. DATE OF BIRTH: MARCH 28, 1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months 8 Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): BOONSBORO, MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: LAWSON SMITH
14. MOTHER'S MAIDEN NAME: MARY E. ZIEGLER

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 NO (If Yes, give war or dates of service) NO
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: MRS. NINA M. THOMPSON 535 SALEM AVENUE

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Malignancy of Sigmoid

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Generalized arteria - sclerosis

~~DUE TO~~

(c) Arterio sclerotic Heart disease

Interval Between Onset And Death: Feb - 1950

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Dec 1-53
19b. MAJOR FINDINGS OF OPERATION: Tumor in sigmoid - Colostomy Performed
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 26, 1950, to Dec. 3, 1953, that I last saw the deceased alive on Dec 3, 1953, and that death occurred at 4:33 P.M. from the causes and on the date stated above.

SIGNATURE Sidney Novenstein (Degree or title) M.D. ADDRESS Funkstown Md DATE SIGNED 12-4-53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF DEC. 6, 1953
NAME OF CEMETERY OR CREMATORY BOONSBORO CEMETERY
LOCATION (City, town, or county) BOONSBORO, MARYLAND (State)
DATE REC'D BY LOCAL REGISTRAR Dec. 5, 1953
REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR FRED W. KRAISS ADDRESS 139 NORTH POTOMAC ST.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

19663

Reg. Dist. No. 304

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural 2 Hancock Md X
LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural 2 Hancock Md. X
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) Lewis (Last) Weller

4. DATE OF DEATH: (Month) Dec. (Day) 5 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7.9.1900

9. AGE last birthday: 53 yrs. If under 1 year: Months 4, Days 25. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY: Public Roads Contracting

11. BIRTHPLACE (State or foreign country): Washington County Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Issac Weller

14. MOTHER'S MAIDEN NAME: Ellen Reed.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No — No

16. SOCIAL SECURITY NO.: 220-09-9265

17. INFORMANT AND ADDRESS: Mrs Frances Weller Route 2 Hancock Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

		Interval Between Onset and Death
Immediate cause (a)	Diabetes M.	5 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	acute coronary occlusion	30 min
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY: None m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22 *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✓, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE: J. Richard Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO. MD. ADDRESS: Hagerstown, Md. DATE SIGNED: 12.6.53

BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: 12.8.53 — NAME OF CEMETERY OR CREMATORY: Orchard Ridge Pk — LOCATION (City, town, or county) (State): Hancock Washington Md

DATE RECD BY LOCAL REG.: 12/8/53 — REGISTRAR'S SIGNATURE: J. C. Weller — 24. FUNERAL DIRECTOR: Howard J. Stone — ADDRESS: Hancock Md

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DEC 1 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Hagerstown
LENGTH OF STAY (in this place): 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1004 Mulberry Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — Washington COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 1004 Mulberry Avenue

3. NAME OF DECEASED: (Type or Print) (First) J. (Middle) Marshall (Last) White

4. DATE OF DEATH: (Month) Dec. (Day) 27 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 8-25-1870

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months 4 Days 2 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Ret. Conductor

10b. KIND OF BUSINESS OR INDUSTRY: Phila. Transit Co.

11. BIRTHPLACE (State or foreign country): Roxboro, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Not Known

14. MOTHER'S MAIDEN NAME: Not Known

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 2. NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 202-03-2984

17. INFORMANT & ADDRESS: Mrs. Clarnece Tomlinson, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1

Immediate cause (a) Coronary occlusion — 30 min.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertensive cardiovascular disease — 1 yr.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1953, to Dec. 27, 1953, that I last saw the deceased alive on Dec. 27 1953, and that death occurred at 11:30 A. M., from the causes and on the date stated above.

SIGNATURE (Degree or title) William Sylvan Lyman M.D. ADDRESS 5 Public Sq. Hagerstown, Md. DATE SIGNED Dec. 28

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-30-1953 — NAME OF CEMETERY OR CREMATORY: Hatboro Cemetery — LOCATION (City, town, or county) (State): Hatboro, Pa.

DATE REC'D BY LOCAL REGISTRAR: Dec. 27. 1953 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: C. M. Suter & Sons — ADDRESS: Hagerstown, Maryland

VS. A15

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BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 10 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Garlock Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 120 West Washington Street
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lucy (Middle) Virginia (Last) Wills

4. DATE OF DEATH: (Month) Dec. (Day) 15 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 1-27-1873

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months 11 Days 18 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wilson District, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel C. Brewer

14. MOTHER'S MAIDEN NAME: Angelica Huyett

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Virginia Wills, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis arteriosclerotic — Interval Between Onset And Death: indef

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

422.1

2620

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb. 1961 to death 19....., that I last saw the deceased alive on 12-13, 1953, and that death occurred at 5:35 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert F. Wade MD — ADDRESS: Hagerstown — DATE SIGNED: 12-16-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-18-1953 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR: DEC 18 1953 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: C. M. Suter & Sons, Hagerstown, Maryland

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

1266

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: R #1 Boonsboro
LENGTH OF STAY (in this place): 7 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Near Fahrneys Church

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: R # 1 Boonsboro, Md.
STREET ADDRESS (If rural, give location): Near Fahrneys Church

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) SINGLETON (Last) WINE

4. DATE OF DEATH: (Month) Dec. (Day) 6 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Nov. 24, 1872

9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer on Farm

10b. KIND OF BUSINESS OR INDUSTRY: Day Labor

11. BIRTHPLACE (State or foreign country): Warrenton, Va.

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: James Wine

14. MOTHER'S MAIDEN NAME: Anna Shaffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: unable to locate

17. INFORMANT: Mrs. Claudia K. Wine-R#1 Boonsboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Dissecting abdominal aortic aneurysm	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Shock	3 hrs.
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or Title): J. Robert Wells M.D., DEPUTY CORONER & MEDICAL EXAM. WASH. CO., MD. — ADDRESS: 115 N. Potomac St., Hagerstown, Md. — DATE SIGNED: 12-8-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/9/53 — NAME OF CEMETERY OR CREMATORY: Rest Haven Cem. — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG.: Dec. 9 1953 — REGISTRAR'S SIGNATURE: John H. Bast

24. FUNERAL DIRECTOR: Andrew W. Coffman — ADDRESS: Hagerstown Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12667

Reg. Dist. No. 3-06

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cavetown
LENGTH OF STAY (in this place): 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cavetown
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Maude (Middle) Marie (Last) Wolf

4. DATE OF DEATH: (Month) Dec. (Day) 1 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: April 12, 1901

9. AGE last birthday: 52 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired: Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Laundry

11. BIRTHPLACE (State or foreign country): Smithsburg Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Ridenour

14. MOTHER'S MAIDEN NAME: Dora Toms

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 213-24-9331

17. INFORMANT & ADDRESS: Lewis H. Wolf Cavetown Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
4200 Immediate cause	(a) Congestive Heart Failure & Ascites	8 wks.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	
(260K)	(c) Hypertensive Arteriosclerotic Heart Disease.	2 yrs +
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	2 yrs +

19a. DATE OF OPERATION: 0 — **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 11/10/.., 1951., to 12/1., 19.53, that I last saw the deceased alive on 12/1., 19.53, and that death occurred at 11.30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Frank F. Shupp M.D. — ADDRESS: 109½ N. Potomac St Hagerstown, Md — DATE SIGNED: 12/2/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF:** 12-4-53 — **NAME OF CEMETERY OR CREMATORY:** Smithsburg Luthern — **LOCATION** (City, town, or county) (State): Smithsburg Md.

DATE REC'D BY LOCAL REGISTRAR: Dec 3 - 53 — **REGISTRAR'S SIGNATURE:** Geo. W. Ferguson

24. FUNERAL DIRECTOR: Scott F. Minnich & Son — **ADDRESS:** Hag. Md.

VS. A15

RECEIVED
DEC 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

12668

Dr Wells

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Washiigton; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place) 7 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 216 East Franklin St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 216 East Franklin t.

3. NAME OF DECEASED (Type or Print): (First) LEWIS (Middle) WILLIAM (Last) ZOMBRO Sr

4. DATE OF DEATH: (Month) Dec (Day) 19 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Aug 19 1912

9. AGE last birthday: 41 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postal Clerk

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Post Office

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Zombro

14. MOTHER'S MAIDEN NAME: Mary Daymude

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.# 2

16. SOCIAL SECURITY NO. 219-12-0003

17. INFORMANT AND ADDRESS: Mrs Marie F. Zombro

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) acute coronary occlusion — Interval Between Onset and Death: 1o min.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) J. Robert Wells M.D. DEPUTY MEDICAL EXAMINER WASH. CO. MD.

ADDRESS Hagerstown, Maryland

DATE SIGNED Dec. 20 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 12-22-53

NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery

LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG. Dec. 21, 1953

REGISTRAR'S SIGNATURE Elliott Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman

ADDRESS: Hagerstown Md.

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DEC 24 1953
BUREAU V. S.